

## CHAPTER 3

### SECTION 1.2

# COSMETIC, RECONSTRUCTIVE AND PLASTIC SURGERY - GENERAL GUIDELINES

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Authority: 32 CFR 199.2(b), 32 CFR 199.4(e)(8), and (g)(24)

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#### I. DESCRIPTION

Cosmetic, reconstructive, and/or plastic surgery is defined as surgery which can be expected primarily to improve the physical appearance of a beneficiary, and/or which is performed primarily for psychological purposes, and/or which restores form, but does not correct or materially improve a bodily function.

#### II. POLICY

Benefits are generally not available for cosmetic, reconstructive and/or plastic surgery except under certain limited circumstances. Benefits may be provided for otherwise covered services and supplies provided in connection with cosmetic, reconstructive, and/or plastic surgery, as outlined below.

A. Benefits may be provided for cosmetic, reconstructive, and/or plastic surgery, including otherwise covered services and supplies provided, under the following circumstances:

1. Correction of a congenital anomaly; i.e., a condition that exists from birth and that is a significant deviation or departure from the norm and is other than a common racial or ethnic feature. A few examples are: harelip, birthmarks, webbed fingers or webbed toes.

2. Restoration of body form (including revision of scars) following an accidental injury; or

3. Revision of disfiguring and extensive scars resulting from neoplastic surgery.

B. Generally, benefits are limited to those cosmetic, reconstructive, and/or plastic surgery procedures performed no later than December 31 of the year following the year in which the related accidental injury occurred, except for authorized postmastectomy reconstructive breast surgery for which there is no time limitation between mastectomy and reconstruction. (See Chapter 3, Section 2.6.) Also, special consideration will be given to cases involving children who may require a growth period.

C. Preauthorization is not required for these services.

D. For the purpose of TRICARE, dental congenital anomalies such as absent tooth buds or malocclusion are specifically excluded. Also excluded are any procedures related to transsexualism or such other conditions as gender dysphoria except as otherwise specifically provided in 32 CFR 199.4(e)(7). Also, see Chapter 3, Section 11.1 and Section 12.2.

E. Cosmetic, reconstructive, and/or plastic surgery procedures performed primarily for psychological reasons or as a result of the aging process are also excluded.

F. Procedures performed for elective correction of minor dermatological blemishes and marks or minor anatomical anomalies are also excluded.

G. In addition, whether or not they would otherwise qualify for benefits under the criteria of this issuance, the breast augmentation mammoplasty is specifically excluded.

H. When it is determined that a cosmetic, reconstructive and/or plastic surgery procedure does not qualify for benefits, all related services and supplies are excluded, including any institutional costs.

I. The following is a partial list of cosmetic, reconstructive, and/or plastic surgery procedures which do not qualify for benefits. This list is for example purposes only, and is not to be construed as being all-inclusive.

1. Any procedure performed for personal reasons, to improve the appearance of an obvious feature or part of the body which would be considered by an average observer to be normal and acceptable for the patient's age and/or ethnic and/or racial background.

2. Cosmetic, reconstructive and/or plastic surgical procedures which are justified primarily on the basis of a psychological or psychiatric need.

3. Face lifts and other procedures related to the aging process.

4. Reduction mammoplasties (unless there is medical documentation of intractable pain not amendable to other forms of treatment, as the result of increasingly large pendulous breasts). See Chapter 3, Section 2.8.

5. Panniculectomies primarily performed for body sculpture procedures/reasons of cosmesis.

6. Repair of sagging eyelids (without demonstrated and medically documented significant impairment of vision). See Chapter 3, Section 2.4.

7. Rhinoplasties, except as detailed in Chapter 3, Section 4.2.

8. Chemical peeling (exfoliation) for the following:

- a. Treatment or removal of facial wrinkles, and
- b. Treatment of acne or of acne scars.

9. Dermabrasion of the face, except as outlined in Chapter 3, Section 2.3.

10. Revision of scars resulting from surgery and/or a disease process, except disfiguring and extensive scars resulting from neoplastic surgery.

11. Removal of tattoos.

12. Hair transplants.

13. Electrolysis.

14. Penile implant procedure for impotence resulting from psychological or psychiatric reasons. See Chapter 3, Section 10.1.

J. The following information must be submitted with claims for cosmetic, reconstructive and plastic surgery. Beneficiaries are not required to submit this documentation with each claim submitted for the same episode of care. Contractors must use standard development procedures to determine if this information has previously been submitted. (See the OPM Part Two, Chapter 1, Section V. for more detailed information on claims development.) Submission of this information will save time and result in faster payment of the claim, if warranted.

1. A medical statement by the physician which includes the following:

- a. Brief medical history.
- b. Condition.
- c. Date of injury.
- d. Symptoms.
- e. Length of time symptoms were present.
- f. Other forms of treatment attempted.
- g. Operative report.

2. Photographs, if available.

K. Submission of the above information is not required on each claim for the same episode of care, i.e., anesthesia, radiology, etc. Contractors are required to use standard development procedures to determine if previous claims for the same procedure have been submitted which contain the above information.

L. The above listed criteria/guidelines are general guidelines. Additional guidelines applicable to specific procedures are discussed throughout this Chapter 3 under the title of the procedure.

M. Contractors are required to apply guidelines on all cosmetic, reconstructive and plastic surgery claims, either through specific criteria for nonmedical staff, or referral to medical review, where necessary, to make an accurate benefit decision.

N. For contralateral symmetry surgery benefits (i.e., augmentation mammoplasty, reduction mammoplasty, and mastopexy performed on the other breast to bring it into symmetry with a post-mastectomy reconstructed breast) see Chapter 3, Section 2.6.

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